This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

Return completed workbook FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@loc.gov Cable Systems (Short Form) \$ For additional information, contact the U.S. Copyright 2-26-25 General instructions are located Office Licensing Division at: Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
	2024/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting Period	Barcode Data Filing Period (optional - see instructions)	
В	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner	List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
	Zito Canton LLC	
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
	Zito Media	
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
	PO Box 665 (Number, street, rural route, apartment, or suite number)	
	Coudersport, PA 16915 (City, town, state, zip)	
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	
System	1 Zito Media - Canton PA	
	MAILING ADDRESS OF CABLE SYSTEM:	
	2 (Number, street, rural route, apartment, or suite number)	
	(City, town, state, zip code)	

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N	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#				
Name	Zito Canton LLC	565				
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified					
Area Served	city.					
	CITY OR TOWN	STATE				
First	Canton Borough	PA				
Community	Alba Grover	PA PA				
		PA PA				
Add Rows as Necessary	Ward Township	PA				
	Leroy/Canton	PA				
	Edity/outlion					

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM					FORM SA1	TEM II
Name	Zito Canton LLC	ADEL OTOTEM.					010	5
Е	In General: The information in s	ECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES General: The information in space E should cover all categories of secondary transmission service of the cable ystem, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information						
Secondary Transmission	about other services (including p last day of the accounting period	(June 30 or D	ecember 31, as th	e case may be	e).		-	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary							
Rates	each category by counting the nu separately for the particular serv Rate: Give the standard rate c	umber of billing ice at the rate i harged for eac	is in that category indicated—not the h category of serv	(the number o number of set ice. Include bo	f persons or orga s receiving servio th the amount of	nizations ce). the charg	charged e and the	
	unit in which it is generally billed. category, but do not include disc Block 1: In the left-hand block	ounts allowed t in space E, the	for advance payme e form lists the cat	ent. egories of sec	ondary transmiss	ion servic	e that cable	
	systems most commonly provide that applies to your system. Note categories, that person or entity	: Where an in	dividual or organiz	ation is receivi	ng service that fa	alls under	different	
	subscriber who pays extra for ca first set" and would be counted o Block 2: If your cable system I printed in block 1 (for example, ti	ble service to a nce again unde nas rate catego	additional sets wou er "Service to addi pries for secondary	Ild be included tional set(s)." / transmission	in the count und service that are o	er "Servic different fr	e to the om those	
	with the number of subscribers a sufficient.		e right-hand block.	A two- or three	e-word descriptio			
	BLO	DCK 1 NO. OF	:			BLOC	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RA
	Residential:							
	Service to first set		114 25.	23				
	Service to additional set(s)							
	• FM radio (if separate rate)							
	Motel, hotel Commercial							
	Converter							
	Residential							
	Non-residential							
F	SERVICES OTHER THAN SECO In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar	e (not subscrib hose services	er) information wit	h respect to al d in combinatio	on with any secor	dary trans	mission	
Services Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the	or facilities furr it in which it is rate column.	nished to nonsubso usually billed. If ar	cribers. Rate ir ny rates are ch	nformation should arged on a varial	l include b ble per-pro	oth the	
Rates	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.							
		BLO					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGORY OF	SERVICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:		Installation: Non					
	• Pay cable		• Motel, hotel					
	Pay cable—add'l channel		Commercial					
	Fire protection		Pay cable	ا معام ال				
	•Burglar protection Installation: Residential		Pay cable-add Eire protection					
	First set	30.00	 Fire protection Burglar protection 					
	1 1101 001	20.00	Other services:					
	 Additional set(s) 	20.00				·····		
	 Additional set(s) FM radio (if separate rate) 	20.00	Reconnect		30.00			
	. ,	20.00	Reconnect Disconnect		30.00			
	• FM radio (if separate rate)	20.00		ion	30.00 30.00			

	LEGAL NAME OF OWNER O	E CABLE SYSTEM:		SYSTEM ID
me	Zito Canton LLC	F CABLE STSTEWI.		56
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC rr • Do <i>not</i> list the station her station was carried <i>only</i> on • List the station here, and basis. For further informatit Column 1: List each statio multicast stream associate "WETA-2" as the same on	entify every television station (including tra m during the accounting period, <i>except</i> (1 in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61(s explained in the next paragraph. :: With respect to any distant stations carr les, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carried I on concerning substitute basis stations, so n's call sign. <i>Do not</i> report origination pro d with a station according to its over-the-a) stations carried only on a part-tir carriage of certain network progra e)(2) and (4))]; and (2) certain stat ied by your cable system on a sub Special Statement and Program L both on a substitute basis and also be page (v) of the general instructi gram services such as HBO, ESP ir designation. For example, repo	me basis under ms [sections ions carried on a pstitute program Log)—if the o on some other ons. N, etc. Identify each rt multistream
	of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast) For the meaning of these to Column 4: Give the location	(RC is channel 4 in Washington, D.C.) o case whether the station is a network st ering the letter "N" (for network), "N-M" (for "E" (for noncommercial educational), or ' erms, see page (iv) of the general instruct on of each station. For U.S. stations, list th dian stations, if any, give the name of the	ation, an independent station, or a r network multicast), "I" (for indepe E-M" (for noncommercial education ions in the paper SA1-2 form. ne community to which the station	noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WBRE	28.1	N	Wilkes-Barre PA
	WNEP	16.1	N	Scranton PA
ecessary	WOLF	56.1	N	Hazelton PA
	WQMY	53.1	I	Williamsport PA
	WSWB	38.1	I	Scranton PA
		44	E	
	WVIA WYOU	44 22.1	E N	Scranton PA Scranton PA
	WVIA			Scranton PA

	eriod: 2024		YSTEM [.]				-	I SA1-2E. PAGE
Zito Canton		JADLL O						
								56
	t every radio s	tation ca	rried on a separate and discr nerally receivable by your cat					н
eccivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stati this by placing	y the sys be recei t the Co sign of e he statio ion's sigr g a check	-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. n is AM or FM. hal was electronically process (mark in the "S/D" column. on (the community to which th	at the system's he system's FM ante this point, see pa sed by the cable s	eadend, and (2 enna, during ce ge (v) of the ge system as a se) it can l ertain sta eneral ir parate a	be expected, ated intervals. Instructions in the.	Primary Transmitters: Radio
Mexican or Can	adian stations	s, if any, t	the community with which the	e station is identif	ed).		_	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
					+			
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					_			
		L						

Accounting Perio	d: 2024/2						FOR	M SA1-2E. PAGE 5.	
Norma	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#	
Name	Zito Canton LLC							565	
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOO	3				
Substitute	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Carriage:	1. SPECIAL STATEMENT				0		•••		
Special	During the accounting per				sis, any nonne	twork telev	vision progran	n	
Statement and Program Log	broadcast by a distant stat	tion?					YES	× NO	
	Note: If your answer is "No	' leave the	rest of this nad	e blank. If your answer is		ust comple			
	log in block 2.	, leave the	rescortins pag	e blank. Il your answer is	res, you m	ust comple	te the program		
	2. LOG OF SUBSTITUTE	PROGRA	MS						
	In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs.	ce, please a of every noi distant stati gulations, o ies like "mo Bulls."	add additional r nnetwork televi ion and that you r authorizations vies" or "baske	ows to the tables. sion program ("substitute ur cable system substitut s. See page (v) of the ger tball." List specific progra	program") that ed for the prog neral instructio m titles, for ex	at, during th gramming c ns for furth	ne accounting of another sta per information	l tion	
	Column 2: If the program Column 3: Give the call Column 4: Give the broat the case of Mexican or Can Column 5: Give the mor first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	sign of the s adcast static adian statio ith and day re "5/7." es when the	station broadca on's location (th ons, if any, the o when your syst substitute pro	sting the substitute progr e community to which the community with which the tem carried the substitute gram was carried by your	am. e station is lice station is ider program. Use cable system	ntified). e numerals, . List the tir	, with the mor mes accurate		
	Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	and regulation ming that y	ons in effect du	ring the accounting perio	d; enter the lef er FCC rules a	tter "P" if th	ie listed progr ions in		
	S		E PROGRAM	 		IAGE OCO	7. REASON FOR DELETION		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	TIMES — TO		
							_		
							_		
		+				+			
		+				+		+	
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Accounting Period:	2024/2	FO	RM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Zito Canton LLC		SYSTEM ID# 565
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary (as identified in space E) during the accounting period. For a further explanation of how to compute page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	v transmission ser ite this amount, se	vice
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or eq Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527 See page (vi) of the general instructions located in the paper SA1-2 form for more information.		
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must p accounting period is \$52.00	bay for this six-mon	th
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more that	n \$137,100)	
	1. Base amount under statutory formula \$ 263,	300.00	
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less the	an \$527,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula	300.00	
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.	00
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.	00
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Foc and			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.	00
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.	00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to th See page i of the general instructions in the paper SA1-2 form for more i		oyrights!

Accounting Period:	2024/2		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF Zito Canton	OWNER OF CABLE SYSTEM: LC	SYSTEM ID# 565
M Channels	to its subscrit 1. Enter the to system car 2. Enter the to on which th	You must give (1) the number of channels on which the cable system carried ers, and (2) the cable system's total number of activated channels during the a tal number of channels on which the cable ied television broadcast stations	accounting period.
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an in t about this statement of account.)	ndividual to whom
for Further Information	Name	Teri McMullen	Telephone 814-260-0434
	Address	PO Box 665 (Number, street, rural route, apartment, or suite number) Coudersport PA 16915 (City, town, state, zip)	
	Email	teri.mcmullen@zitomedia.com	Fax (optional
	CERTIFICATIO	I (This statement of account must be certified and signed in accordance with 0	Copyright Office regulations)
O Certification		ned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	as identified in line 1 of space B; or
		nt of owner other than corporation or partnership) I am the duly authorized ag in line 1 of space B and that the owner is not a corporation or partnership; or	
	 I have examin are true, comp 	cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of t in line 1 of space B. ed the statement of account and hereby declare under penalty of law that all staten lete, and correct to the best of my knowledge, information, and belief, and are mad stion 1001(1986)]	nents of fact contained herein
		X /s/James Rigas	
		Enter an electronic signature on the line above to Enter signature using an "/s/ signature" (e.g., /s/	•
		Typed or printed name: James Rigas	
		Title: President (Title of official position held in corporation or partnership)	
		Date:	02/27/2025

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	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Canton LLC	56
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
x days	
	_
x	_
Line 3 Multiply line 2 by the number of days late and enter the sum here - x - x 0.00274	_
x days Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 - Line 4 Multiply line 3 by 0.00274** and enter here	_
x	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x	

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C	Cable Worksheet		Total amount of remittance	Initials		
			Date of remittance	Check EFT	□ FILING FEES	
Cable ID #					Amount Initials	
Examined by		Reviewed by	Date examination completed	Allocation number		
Space A Accounting Period						
	🗆 Janua	ary 1 - June 30, 2017		July 1 - December 31, 2017		
		rsent		Information received		
		oted		Phone call/Date/Contact		
Space B Owner						
	□ Letter sent			Information received		
		oted	Phone call/Date/Contact			
Space D Area Served						
	□ Letter	rsent		Information received		
		oted		Phone call/Date/Contact		
Space E Secondary Transission						
Service Subscribers:	Letter	rsent		Information received		
and Rates		oted		Phone call/Date/Contact		
Space G Primary Transmitters:						
Television	Letter	rsent		Information received		
		oted		Phone call/Date/Contact		
Space H Primary Transmitters:						
Radio		oted	C	Phone call/Date/Contact		

		Space I Substitute Carriage
Letter sent	□ Information received	
□ Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
☑ Letter sent	□ Information received	(SA3 only)
□ Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	□ Information received	
□ Letter sent	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fee
□ Royalty Fee should be	□ Refund request to fiscal	
Letter sent	□ Information received	
□ Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	□ Information received	
Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	□ Information received	
□ Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	□ Information received	
□ Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	□ Info/add'l fee received	
□ Accepted	Phone call/Date/Contact	